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Evaluation of general health in women with husbands affected by substance dependency disorder

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Abstract

Health and mental disorder in women with husbands affected by substance dependency disorder is an interactional result of bio-psycho-socio-cultural factors. The purpose of the present study was to evaluate and identify the general health condition of women with husbands affected by substance dependency disorder. 32 women with husbands affected by substance dependency disorder, who had come to social emergency service, were selected through available sampling and asked to complete the General Health (G.H.Q-28) and personal information Questionnaire. findings of Independent one Sample T- test showed that there was a significant difference between the means of psychological disorders in women with husbands affected by substance dependency disorder and that of normal ratio; in other words, mean of subscales of General Health, such as somatic Symptoms, anxiety and sleep disorder, social function and depression symptoms in women with husbands affected by substance dependency disorder was higher than normal range. Also, findings of demographic information showed that, women with husbands affected by substance dependency disorder suffer from low vocational and educational level, premature marriage, unemployment, living in insecure rental houses, low income and family history of substance abuse. according to G.H.Q-28 and demographic information, the presence of mental Disorders in women with husbands affected by substance dependency disorder are associated with low levels of economical, social and cultural status. In other words, their undesirable level of mental health is due to interrelation of biological, psychological and social factors.

Keywords: General health , Psychological disorders, Substance dependency disorder

1. Introduction

Today, substance dependency disorder is found in all economical, cultural, social and age groups; and is identified as a familial disorder (Parsons, 2003). The consequences resulted from this disorder, are not only related to the substance abusers, but also have a great influence on their behavior and other layers of their life, especially their wives. Results concluded from some studies show that the substance seeking behavior, aggression, feelings of ostracism and inability of these patients result in feelings of guilt and depression (Najafi et al., 2005), disgust, self compassion and pathos, avoiding social contact, boredom and exhaustion in women of patients affected by substance dependency disorder. The addiction of husband leads to the disarrangement of familial roles and tasks in a way that increases the women's responsibility and puts them under tension. The women with husbands affected by substance dependency disorder are worrying about themselves, their life conditions, and their future. Their anxiety is the result of their ruminations about their abortive and ruined life. These women are anxious and depressed for the economical problems due to unemployment of addicted husband, monotony of life, house duties, and loss of close

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relationship with husband (Mahboobi-manesh, 2003). Most of these women's problems include: relational problems with others, loss of anger management, relational chaos, outrage, sexual abuse history, and tending to drug abuse (Mohammad- khani et al., 2010). In these families, women are dependant and have obsessions about their husband's behaviours. They gradually lose their self esteem, value, and their personal identity (Nooranipoor, 2008). Also, reciprocal respect and kindness vanishes; and conflict grows among family members. These behaviours have destroying influences on social relations of the family in a way that wife and children do not feel safe and relaxed in situations where the father is present (Islami-Tabar, 2002). In a study done for the assessment of social characteristics of these women and their opposition methods to the addiction of their husband, results suggest that the women with husband affected by substance dependency disorder have social and mental characteristics including social dysfunction, spiritual and social support seeking behaviour, deficient behavioural and emotional involvement (Gholizadeh,2006). Literature review showed that most researches have focused mostly on the influence of alcohol abuse of family caretaker on their family members (Homish et al., 2006; Chang et al., 2010; Dawson et al., 2007;Singh et al.,2009;Grant et al.,2007;Leonard et al.,2007). Excessive use of Psychogenic substances –traditional or man made- in our country and observation of the consequences resulted from use and abuse of substances on mental health of addict's relations –especially their wives- has signified the lake of research in these fields. Hence it is necessary to pay more attention to this subject, so that these researches can help and support the directors for a better understanding and attempt to make plans for the enhancement of mental health level of the addict's family. Therefore, the present study ought to assess the mental health level of women with husband affected by substance dependency disorder, and its main goal is the assessment and recognition of general health in these women as compared to the normal range; and the influence of demographic characteristics on their general health.

2. Materials and methods

2.1. Sample

The population of this study included women with husbands affected by substance dependency disorder. At first, 32 women with husbands affected by substance dependency disorder were selected from women referred to social crisis intervention centre (social emergency) welfare organization of Semnan city during the year 2008. Some criteria for entrance to the research were: living with husband affected by substance dependency disorder, having a minimum history of one year marital life with husband affected by substance dependency disorder, reference to social crisis intervention centre (social emergency) of welfare organization of Semnan city, offering written testimonial for participating in the research, and some criteria for exit were divorce or separation from husband affected by substance dependency disorder.

2.2. Instruments

Personal information questionnaire (researcher made) and General Health Questionnaire (GHQ-28) were used in this research. In personal information questionnaire, information such as marital age, education, occupational situation, number of marriages, housing situation, location, their living area in the city, substance abuse history in the family and monthly income was gathered via personal information inventory. In this questionnaire, stratified items planning were used to achieve the high precision and clarity so that participants could present objectively if they responded yes. To assess the mental problems, General Health Questionnaire (GHQ-28), which is the most common screening tool for mental problems in Iran, was utilized. This questionnaire was made by Goldberg, and it can detect the probability of the existence of a disorder in an individual. It is also used for detecting those who have a mental problems and its goal is not to achieve a specific diagnose, but the differentiation between healthy and unhealthy (Hosseini et al, 2008). This questionnaire as a short screening tool includes four subscales: anxiety symptoms and sleep disorder, physical symptoms, social dysfunction, and depression symptoms. All items have four choices. Likert's numbering method (as 0, 1, 2, and 3) was utilized. Cut points of 22 and 6 have been reported respectively in Likert type and in traditional method. It means that scores higher than 6 in subscales and totally higher than 22 indicates chronic symptoms (Taghavi, 2001; Palahang, 1996). More than 70 studies about the validity and reliability of this questionnaire have been done around the world. Goldberg and merry (1988) by Meta analyzing

results from researches done around the world reported 84 and 82 percents for means of sensitivity and characteristics of this questionnaire respectively. In Iran, reliability of this questionnaire has been approved by different researchers (Tghavi, 2001; Noorbala & Bagheri-yazdi, 2008; Yaghubi et al., 1997). Additionally, for the validity of this questionnaire, Palahang (1996) working on 619 individuals older than 16, obtained for sensitivity and characteristic, efficiency, and error levels of classification respectively, 0/88, 0/84 and 0/64 for men and 0/88, 0/84, and 0/64 for women.

2.3. Intervention

At first, researcher attended social crisis intervention center (social emergency) of welfare organization of Semnan city, and after sampling of the center patients, and after explaining the nature and goals of research, and taking written testimonials for participation, administered the personal information questionnaire and General Health questionnaire (GHQ-28) to all of the participants (32).

2.4. Data analysis

Data were analyzed by SPSS-15. Descriptive statistics indexes and also one sample T-test were used.

3. Result

Results from the analysis of demographic indexes showed that 78.1 % of these women were living in age range of 20-36, and 31.2 % had married in ages ranged from 12 to 17. 78.5 % of them had an education level of below diploma, 59.4 % of them were homemaker and unemployed, monthly income of 21.9 % of them were about 51-100 Dollars , and 68.8 % of them were living in rental houses. Also 37.5 % lived in village and in addition to their husband, their father, mother, brother, or children were affected by substance dependency disorder. Results of Independent one Sample T-test indicated significant difference between mean of mental disorders in these women (39.31) with normal range 22 ($p < 0.05$). In other words, as table 1 shows, mean of anxiety symptoms and sleep disorder (11.13), social dysfunction (9.34), depression symptoms (10), and physical symptoms (10) in women with husband affected by substance dependency disorder are higher than normal range of 6 ($p < 0.05$).

Table 1. Comparison of Mean of GHQ's subscales in women with husbands affected by substance dependency disorder and normal range

Variable	n	M	SD	df	T	SIG
Somatic symptoms	32	10	3.82	31	5.92	0.05
Anxiety and sleep disorder	32	11.13	6.46	31	6.49	0.05
Social function	32	9.34	3.08	31	6.15	0.05
Depression symptoms	32	10	3.82	31	5.92	0.05

Discussion and Conclusion

This study aimed to evaluate the general health of women with husband affected by substance dependency disorder, in comparison with normal range, and also to assess the influence of demographic characteristics on their general health. Finding showed that the level of mental disorders such as physical symptoms, anxiety symptoms and sleep disorder, social dysfunction, and depression symptoms in these women are higher than normal range. These results are consistent with previous studies in loss of mental health in these women (Najafi et al., 2005; Mohammad-khani et al., 2010; Gholizadeh, 2006; Harati, 2004; Solati-dehkordi, 2001; Makvand-hosseini et al., 2009). On the other hand, factors such as low occupational and educational situation, marriage age, and its count, unemployment, insecure rental houses, insufficient income, addiction prehistory in family, prehistory of mental disorders and physical diseases have negative relation with mental health. Also, recent findings show that undesirable interaction with relatives and neighbors, dangerous behavioral factors, insecure sexual intercourses, alcohol and drug abuse, no exercise, inappropriate diet, life threatening events, loss of social support, inaccessibility to remedial service centers have an influence on the reduction of mental health in women with husband affected by substance dependency disorder (Mental Health, 2000). In other words, the interaction of bio-psycho-social factors is influential in their health and disease (Curtis, 1963). It means that stress level experienced from living with husband affected by substance dependency disorder results in physical symptoms (Kahler, McCardi & Epstein, 2003), which in turn

indicates anxiety (Greenberger & Padesky, 1995). This can be explained by Additive Burden Hypothesis. According to this hypothesis, the rate of alterations contrary to health in women depends on the number of stressing events experienced during their life. Stressing events of life, along with multiple influences of physical problems and undesirable social situation, expose the women to high levels of mental anxiety (Tempier et al., 2006), and consequently their sleep becomes disrupted and is considered as one of the anxiety symptoms (Azad, 1994). In addition, recent theoretical frameworks which work on the role of secure attachment in interpersonal stresses, show that those events which threaten familial links (Homish, 2006) addiction history in family, insecure rental houses, unemployment, low occupational situation, income – can have a great influence on the depression in women with husband affected by substance dependency disorder (Homish et al., 2006), in a way that disrupt their social functioning, and is considered as one of the depression symptoms (Havton et al., 1989). In other words, there is a relationship between the attachment style and most of mental disorders such as mood disorders, anxiety disorder, personality disorders, and fear of intimacy and self distinction. It means that insecure attachment in women with husband affected by substance dependency disorder is associated with distrustfulness, vulnerability, sensitivity, and relational problems (Besharat et al., 2007). On the other hand, due to the depression, drastic and chronic emotional, physical, behavioral and cognitive symptoms are observed which may disturb occupational and personal relationships (Greenberger & Padesky, 1995). According to these findings, it can be concluded that mental disorders of women with husband affected by substance dependency disorder are resulted from the interaction of many different factors; and also are associated with different biological, environmental, and psycho-social factors. Among others, these factors can be mentioned: prehistory of depression or mental disorders, prehistory of substance abuse in family, low occupational situation, unemployment and low income, prehistory of physical disease, marriage age, housing situation, and location. Also other factors such as recent negative events of life, having censorious and hostile husband, loss of close and safe relationships, loss of adequate social support and loss of long term feeling of worth (Havton et al., 1989), have been mentioned in other researches. For the limitations of this study, we can address to the small sample size and using the available sampling method.

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